

**FILED JUN 7 1946**

Registration District No. **65**

Primary Registration District No. **4-1-35, 250**

Registrar's No. ....

**1. PLACE OF DEATH**

(a) County Chariton  
 (b) City or town Brunswick "rural"  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 9 ✓  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution ✓  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MILDRED WILSON Sturgeon

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Sturgeon 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased October 21 - 1914  
(Month) (Day) (Year)

8. AGE: Years 31 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Tina Missouri  
(City, town, or county) (State or foreign country) ✓

10. Usual occupation Housewife

11. Industry or business Home work

12. Name Robert G. Newton

13. Birthplace Tina Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Sparks

15. Birthplace Chillicothe Missouri  
(City, town, or county) (State or foreign country)

16. (e) Informant John Sturgeon

(b) Address Bosworth Mo. R.F.D.

17. (a) burial (b) Date thereof May-15-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Van Horn Cemetery

18. (a) Signature of funeral director David J. Edmunds

(b) Address Bosworth Missouri

19. (a) 5-14-46 (b) Mildred Boone  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Chariton  
 (c) City or town Bosworth "rural"  
(If outside city or town limits, write "RURAL")  
 (d) Street No. ....  
(If rural, give location)  
 (e) Citizen of foreign country? ✓ (Yes or No)  
 If yes, name country 1

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 13<sup>h</sup>  
 year 1946 hour 4 minute 24 M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death A accidental  
on Highway 24 1-1/2 miles  
west of Brunswick Missouri  
at intersection of 24  
and High Line Railroad,  
Crossing.

Due to Instant  
 Due to .....

Other conditions None  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations .....  
 Of autopsy .....

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident 21

(b) Date of occurrence CEARITON Mo.

(c) Where did injury occur? on highway No. 24 R.R. Crossing  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on highway No. 24 R.R. Crossing  
(Specify type of place) (e) Means of injury 3

23. Signature W. D. West (M. D. or other)  
 Address Mendham Mo Date signed 5/14/46

MOTHER FATHER

Duration

Instant

PHYSICIAN

Underline the cause to which death should be charged statistically.

CAUTION  
 FOLD HERE  
 INFORMATION  
 SUPPLEMENTARY  
 STATISTICS

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 6-5-88

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed David J. Edwards

Licensed Embalmer No. 3263

P. O. Address Bosworth, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. *65*

Primary Registration District No. *5250*

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County *Chariton*  
(b) City or town *near*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME

*Mildred M. Surgeon*

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *m*

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased *Oct 21* (Month) (Day) (Year)

8. AGE: Years *31* Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) *Mo*

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year *1946* Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence *May 17th 1946*

(c) Where did injury occur? *Chariton County Mo* (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury *Accident*

23. Signature *W. W. West* (M. D. \_\_\_\_\_)

Address \_\_\_\_\_ Date signed *7/10/46*

**SUPPLEMENTARY**

*Killed at intersection of Highway 24 and local freight train on Omaha branch of Weabath Railroad, west of Brunswick, Mo. auto loaded on train*

**SUPPLEMENTARY INFORMATION REQUESTED**

*1700*

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

14926

16034